

MULTIPLE DEPENDENT AND
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-876)

09/17/00
APPLICANT(S)

12-23-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6		/				
7		/				
8		/				
9	/					
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	4					
TOTAL DEP.	11					
TOTAL	15					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL INO.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY